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<input type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front)	<input type="checkbox"/> PCT/IB/306 - Notification of a Change
<input type="checkbox"/> Annexes to 409 (Article 34 Amendment)	<input type="checkbox"/> Other: _____
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RECEIPTS FROM THE APPLICANT:

<input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)	<input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on: <u>12/20/04</u>
<input checked="" type="checkbox"/> Description	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: <u>12/20/04</u>
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<input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> others: _____	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Other: 1. _____
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